

## **Application Data Sheet**

### **Application Information**

|                                  |   |
|----------------------------------|---|
| Application Type::               | Regular                                       |
| Subject Matter::                 | Utility                                       |
| Suggested Group Art Unit::       | N/A   |
| CD-ROM or CD-R?::                | None  |
| Sequence submission?::           | None  |
| Computer Readable Form (CRF)?::  | No  |
| Title::                          | METHOD AND APPARATUS FOR<br>SORTING PARTICLES |
| Attorney Docket Number::         | TGZ-021CP2                                    |
| Request for Early Publication?:: | No  |
| Request for Non-Publication?::   | No  |
| Small Entity?::                  | Yes   |
| Petition included?::             | No  |
| Secrecy Order in Parent Appl.?:: | No  |

### **Applicant Information**

|   |                   |
|---|-------------------|
| Applicant Authority Type::              | Inventor          |
| Primary Citizenship Country::           | Germany           |
| Status::                                | Full Capacity     |
| Given Name::                            | Sebastian         |
| Family Name::                           | Böhm              |
| City of Residence::                     | Inverness         |
| Country of Residence::                  | United Kingdom    |
| Street of mailing address::             | 9 Muirfield Court |
| City of mailing address::               | Inverness         |
| Country of mailing address::            | United Kingdom    |
| Postal or Zip Code of mailing address:: | IV2 4DP           |

|                            |          |
|----------------------------|----------|
| Applicant Authority Type:: | Inventor |
|----------------------------|----------|

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: R.  
Family Name:: Gilbert  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 69 Naples Road  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02446

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Manish  
Family Name:: Deshpande  
City of Residence:: Canton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 34 Apple Blossom Way  
City of mailing address:: Canton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02021

### **Correspondence Information**

Correspondence Customer Number:: 00959

### **Representative Information**

Representative Customer Number:: 00959

**D omestic Priority Information**

| Application::    | Continuity Type::                                       | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/411058            | 09/16/02             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/411143            | 09/16/02             |
| This Application | Continuation-in-part of                                 | 10/329008            | 12/23/02             |
| 10/329008        | Continuation-in-part of                                 | 10/179488            | 06/24/02             |